



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
12055 Government Center Parkway, Suite 801
Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: SP 2014-MV-109
(Staff will assign)

RECEIVED
Department of Planning & Zoning

MAY 27 2014

Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME <u>Yenny Gutierrez-Reyes / The Little Friends Daycare LLC</u>
	MAILING ADDRESS <u>2832 Memoria Street Alexandria, VA 22306</u>
	PHONE HOME (703) <u>765-5336</u> WORK (703) <u>765-5336</u>
	PHONE MOBILE (703) <u>485-5344</u>
PROPERTY INFORMATION	PROPERTY ADDRESS <u>2832 Memoria Street Alexandria, VA 22306</u>
	TAX MAP NO. <u>093118A0009</u> SIZE (ACRES/SQ FT) <u>5.750</u>
	ZONING DISTRICT <u>R-3(Residential 3 DU/AC) HC MT VERNON DIST #1</u> MAGISTERIAL DISTRICT
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION <u>8-305</u>
	PROPOSED USE <u>Home Child Care Facility</u>
AGENT/CONTACT INFORMATION	NAME
	MAILING ADDRESS
	PHONE HOME () WORK ()
	PHONE MOBILE ()
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p><u>Yenny Gutierrez-Reyes</u> TYPE/PRINT NAME OF APPLICANT/AGENT</p> <p><u>[Signature]</u> SIGNATURE OF APPLICANT/AGENT</p>	

DO NOT WRITE IN THIS SPACE

Date Application accepted: 6/12/14

Application Fee Paid: \$ 435.00

SP 2014-0133

6/12/14
WBS